Attorney Docket No.

## DECLARATION AND POWER OF ATTORNEY (For Use with Application Data Sheet)

(For Use with Application Data Sheet)	
As the below named inventor(s), I/we declare that:	

This declaration is directed to:

	Application No, filed on, as amended on (If applicable);
	X PCT International Application Number <u>PTC/JP2002/013830</u> , filed on <u>December 27, 2002</u>
	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;
•	I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;
	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable;
	I/we hereby appoint the practitioners at CROWELL & MORING L.L.P., whose Customer Number Is:
	(23911)
÷	as my/our attorneys to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith; and
	All statements made herein of my/our own knowledge are true; all statements made herein on information and belief are believed to be true, and further these statements were made with the knowledge that willful false statements and the like are punishable of the application or any patent issuing thereon.
	FULL NAME(S) of INVENTOR(S)
<i>C</i> ,	Signature: <u>Kazuhiro Ichimura</u> Inventor one: <u>Kazuhiro ICHIMURA</u> Citizen of: Japan  Date: 06 16 2005
<i>9</i> [	Signature: <u>Katsuaki Kodaka</u> Inventor two: Katsuaki KODAKA Citizen of: Japan  Date: 06.16, 2005
ر ا	Signature: Hide total Satare Date: June. 16. 2005 Inventor three: Hidetoshi SATAKE Citizen of: Japan
	Signature: Date: Inventor four: Citizen of:
	Additional Inventors on Attached sheet if checked